

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

**I. EMPLOYEE BACKGROUND:** In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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Steve Reynolds, Jim Curtis, Rick McKissen

Sling Herrman, Carl Warren, Jason Whitesides

Troy Angel, Steve Castillo, Jerome Gardner,  
Joshua White, Scott Roahrig, Brian Gies

**Division:** Emergency Operations

**Department:** Fire

## For Individual Questionnaires Only:

**Employee Name:**

(Last)

(First)

(Middle Initial)

**Current Classification Title:**

*Firefighter*

**Division**

*Operations*

**Department**

*Fire*

**Total Length of Time with organization**

**Years**

**months**

**Total Length of Time in Current Position**

**Years**

**months**

**Assigned Hours/Week; from**

**t o**

**Assigned Days/Week**

**Email:**

**Work Phone:**

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:**

**Name:**

**Title:**

**Title:**

**Work  
Phone**

**Work  
Phone:**

**E-mail:**

**E-mail:**



# CITY OF GRAND JUNCTION

## JOB ANALYSIS QUESTIONNAIRE

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Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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Steve Reynolds, Jim Curtis, Rick McKissen

Sling Herrman, Carl Warren, Jason Whitesides

Troy Angel, Steve Castillo, Jerome Gardner,  
Joshua White, Scott Roahrig, Brian Gies

**Division:** Emergency Operations

**Department:** Fire

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Angel	Troy	D
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Firefighter

<b>Division</b>	Operations	<b>Department</b>	Fire
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**Total Length of Time with organization** 5 Years 9 months

**Total Length of Time in Current Position** 5 Years 9 months

**Assigned Hours/Week:: from** 08:00 **to** 08:00 **Assigned Days/Week** 3

**Email:** troya@gjcity.org

**Work Phone:** 970-244-1400

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Duncan Brown

**Name:** Rob Ferguson

**Title:** Captain

**Title:** Bat. Chief

**Work Phone** 970-244-1400

**Work Phone:** 970-244-1400

**E-mail:**

**E-mail:**

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): Paramedic Certificate

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

#### Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
	years		years
	years		years
	years		years

a. What field (s) should training or degree be in?  
Fire Science or similar field, Emergency Medical Care

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

State of Colorado Emergency Medical Technician - Basic, State of Colorado Fire Fighter II, State of Colorado Driver Operator Utility, State of Colorado Hazardous Materials Operations, National Incident Management 100,200,700,800.



# CITY OF GRAND JUNCTION

## JOB ANALYSIS QUESTIONNAIRE

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If yes, please list all employee names.

Steve Reynolds, Jim Curtis, Rick McKissen

Sling Herrman, Carl Warren, Jason Whitesides

Troy Angel, Steve Castillo, Jerome Gardner,  
Joshua White, Scott Roahrig, Brian Gies

**Division:** Emergency Operations

**Department:** Fire

### For Individual Questionnaires Only:

**Employee Name:**

Castillo  
(Last)

Steve  
(First)

E.  
(Middle Initial)

**Current Classification Title:**

Firer Fighter

**Division**

Operation

**Department**

Fire

**Total Length of Time with organization**

9 Years 11 months

**Total Length of Time in Current Position**

7 Years 11 months

**Assigned Hours/Week:: from** 0800 **to** 0800

**Assigned Days/Week** 3

**Email:** stevec@gjcity.org

**Work Phone:** (970)244-1400

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:**

Duncan Brown

**Name:**

Robert Ferguson

**Title:**

Captain

**Title:**

Shift Commander

**Work  
Phone**

(970)244-1400

**Work  
Phone:**

(970)244-1400

**E-mail:**

duncanb@gjcity.org

**E-mail:**

robf@gjcity.org

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): Paramedic Certificate

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

<u>Type of Experience</u>			
<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
	years		years
	years		years
	years		years

a. What field (s) should training or degree be in?  
Fire Science or similar field, Emergency Medical Care

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

State of Colorado Emergency Medical Technician - Basic, State of Colorado Fire Fighter II, State of Colorado Driver Operator Utility, State of Colorado Hazardous Materials Operations, National Incident Management 100,200,700,800.

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

**I. EMPLOYEE BACKGROUND:** In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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**Division:** Operations

**Department:** Fire

## For Individual Questionnaires Only:

<b>Employee Name:</b>	Curtis	Jim	D
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Firefighter

<b>Division</b>	Operations	<b>Department</b>	Fire
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**Total Length of Time with organization** 9 Years 6 months

**Total Length of Time in Current Position** 9 Years 6 months

**Assigned Hours/Week:: from** 08:00 **t o** 08:00 **Assigned Days/Week** 56/ week

**Email:** jimcu@gjcity.org **Work Phone:** 970-244-1400

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Matt Carson

**Name:** Rob Ferguson

**Title:** Captain

**Title:** Battallion Chief

**Work Phone** 970-244-1400

**Work Phone:** 970-244-1400

**E-mail:** mattc@gjcity.org

**E-mail:** robfe@gjcity.org



### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): Fire academy graduate,

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

#### Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Reserve Firefighter	1 years		years
	years		years
	years		years

a. What field (s) should training or degree be in?  
Fire Science

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.



# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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Steve Reynolds, Jim Curtis, Rick McKissen

Sling Herrman, Carl Warren, Jason Whitesides

Troy Angel, Steve Castillo, Jerome Gardner,  
Joshua White, Scott Roahrig, Brian Gies

**Division:** Emergency Operations

**Department:** Fire

## For Individual Questionnaires Only:

<b>Employee Name:</b>	Gardner	Jerome	B
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Firefighter

<b>Division</b>	Fire	<b>Department</b>	GJFD
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**Total Length of Time with organization** Years 11 months

**Total Length of Time in Current Position** Years 9 months

**Assigned Hours/Week:: from** t o 56 **Assigned Days/Week**

**Email:** jeromeg@ci.grandjct.co.us

**Work Phone:** (970)244-1400

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Corey Lovern

**Name:** Robert Ferguson

**Title:** Captain

**Title:** BC

**Work Phone** (970) 244-1400

**Work Phone:** (970) 244-1400

**E-mail:** Coreyl@ci.grandjct.co.us

**E-mail:** robfe@ci.grandjct.co.us

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): Paramedic Certificate

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

<u>Type of Experience</u>		<u>Minimum Time Required</u>
<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>
	years	years
	years	years
	years	years

a. What field (s) should training or degree be in?  
Fire Science or similar field, Emergency Medical Care

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

State of Colorado Emergency Medical Technician - Basic, State of Colorado Fire Fighter II, State of Colorado Driver Operator Utility, State of Colorado Hazardous Materials Operations, National Incident Management 100,200,700,800.

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Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
--	---

Steve Reynolds, Jim Curtis, Rick McKissen

Sling Herrman, Carl Warren, Jason Whitesides

Troy Angel, Steve Castillo, Jerome Gardner,  
Joshua White, Scott Roahrig, Brian Gies

**Division:** Emergency Operations

**Department:** Fire

## For Individual Questionnaires Only:

<b>Employee Name:</b>	Gies	Brian	A
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Firefighter

<b>Division</b>	Operations	<b>Department</b>	Fire
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**Total Length of Time with organization** 5 Years 10 months

**Total Length of Time in Current Position** 8 Years 9 months

**Assigned Hours/Week:: from** 0800 **to** 0800 **Assigned Days/Week** 3 days

**Email:** briangi@gjcity.org

**Work Phone:** 970-244-1400

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Matt Carson

**Name:** Rob Ferguson

**Title:** Captain

**Title:** Battallion Chief

**Work Phone** 244-1400

**Work Phone:** 244-1400

**E-mail:** mattc@gjcity.org

**E-mail:** @gjcity.org



### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): Paramedic Certificate

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

<u>Type of Experience</u>		<u>Minimum Time Required</u>
<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>
	years	years
	years	years
	years	years

a. What field (s) should training or degree be in?  
Fire Science or similar field, Emergency Medical Care

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

State of Colorado Emergency Medical Technician - Basic, State of Colorado Fire Fighter II, State of Colorado Driver Operator Utility, State of Colorado Hazardous Materials Operations, National Incident Management 100,200,700,800.



# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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Rick McKissen

Sling Herrman

Jason Whitesides

**Division:** Fire

**Department:** Operation

## For Individual Questionnaires Only:

**Employee Name:** Herrman Sling  
(Last) (First) (Middle Initial)

**Current Classification Title:** FF/EMT-B

**Division** Fire **Department** Operation

**Total Length of Time with organization** 2 Years 3 months

**Total Length of Time in Current Position** 2 Years 3 months

**Assigned Hours/Week::** from 8 to 8 **Assigned Days/Week** 56 Hours

**Email:** slingh@gjcity.org **Work Phone:** 244-1401

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Scott Ferguson **Name:** Rob Ferguson

**Title:** Captain **Title:** Battalion Chief

**Work Phone** 244-1404 **Work Phone:** 2441401

**E-mail:** scottf@gjcity.org **E-mail:** robf@gjcity.org

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): Specialized Training

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

#### Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
EMT-B-IV	years 6		years
FF-2	years 5		years
Driver Operator Pumper	years 3		years

a. What field (s) should training or degree be in?

Fire Science

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

Emergency Medical Tech

Fire Fighter 1

Driver Operator Utility

# CITY OF GRAND JUNCTION

## JOB ANALYSIS QUESTIONNAIRE

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Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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**Division:**

**Department:**

### For Individual Questionnaires Only:

<b>Employee Name:</b>	McKissen	Richard	G
	(Last)	(First)	(Middle Initial)

<b>Current Classification Title:</b>	Firefighter/EMT-Intermediate
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<b>Division</b>	Operations	<b>Department</b>	Fire
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<b>Total Length of Time with organization</b>	9 Years 10 months
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<b>Total Length of Time in Current Position</b>	8 Years 6 months
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<b>Assigned Hours/Week:: from</b> 0800 <b>t o</b> 0800	<b>Assigned Days/Week</b> 56hrs/week
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<b>Email:</b> rickmc@gjcity.org	<b>Work Phone:</b> 970-244-1400
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### Immediate Supervisor:

### Immediate supervisor reports to:

<b>Name:</b>	Corey Lovern	<b>Name:</b>	Rob Ferguson
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<b>Title:</b>	Captain	<b>Title:</b>	Battalion Chief
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<b>Work Phone</b>	970-244-1402	<b>Work Phone:</b>	970-244-1418
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<b>E-mail:</b>	coreyl@gjcity.org	<b>E-mail:</b>	robfe@gjcity.org
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### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): military training

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

#### Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
EMT-Intermediate	12 years	EMT-Basic	1 years
Fire Officer 1	5 years	Firefighter II	2 years
Hazmat Technician	7 years	Hazmat Operations	1 years

a. What field (s) should training or degree be in?

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.



# CITY OF GRAND JUNCTION

## JOB ANALYSIS QUESTIONNAIRE

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Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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**Division:**

**Department:**

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Reynolds	Steven	S
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Firefighter/EMT-Basic

<b>Division</b>	Operations	<b>Department</b>	Fire
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**Total Length of Time with organization** 16 Years 9 months

**Total Length of Time in Current Position** 16 Years 9 months

**Assigned Hours/Week; from** 0800 to 0800 **Assigned Days/Week** 56 hrs/week

**Email:** stever@gjcity.org

**Work Phone:** 970-244-1400

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Bob Kelley

**Name:** Rob Ferguson

**Title:** Captain

**Title:** Batallion Chief

**Work Phone** 970-244-1400

**Work Phone:** 970-244-1418

**E-mail:** bobk@gjcity.org

**E-mail:** robfe@gjcity.org

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

#### Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
EMT-Basic	28 years	EMT-Basic	1 years
Fire Fighter II	16 years	Fire Fighter II	1 years
Driver/Operator Utility	10 years	Driver/Operator Utility	1 years

a. What field (s) should training or degree be in?

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

**I. EMPLOYEE BACKGROUND:** In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? ☐ Yes ☒ No      If yes, please list all employee names.

Carl Warren

**Division:** Emergency Operations

**Department:** Fire

## For Individual Questionnaires Only:

**Employee Name:** Warren Carl G  
(Last) (First) (Middle Initial)

**Current Classification Title:** Fire Fighter

**Division** Operations      **Department** Fire

**Total Length of Time with organization** 7 Years 11 months

**Total Length of Time in Current Position** 7 Years 11 months

**Assigned Hours/Week::** from 0800 to 0800      **Assigned Days/Week** 3

**Email:** carlw@gjcity.org

**Work Phone:** 9702441400

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Duncan Brown

**Name:** Robert Ferguson

**Title:** Captain

**Title:** Shift Commander

**Work Phone** 9702441400

**Work Phone:** 9702441400

**E-mail:** duncanb@gjcity.org

**E-mail:** robertf@gjcity.org



### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): Paramedic Certificate

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

#### Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Fire Fighter (OJT)	14 years	Fire Fighter (OJT)	0-1 years
EMT Intermediate	9 years	EMT Basic	0-1 years
Hazardous Materials Technician	6 years	Hazmat Operations	0-1 years

a. What field (s) should training or degree be in?  
Fire Science or similar field, Emergency Medical Care

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

State of Colorado Emergency Medical Technician - Basic, State of Colorado Fire Fighter II, State of Colorado Driver Operator Utility, State of Colorado Hazardous Materials Operations, National Incident Management 100,200,700,800.



# CITY OF GRAND JUNCTION

## JOB ANALYSIS QUESTIONNAIRE

**I. EMPLOYEE BACKGROUND:** In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
--	---

**Division:** Public safety

**Department:** Fire

### For Individual Questionnaires Only:

<b>Employee Name:</b>	White	Joshua	
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** firefighter

<b>Division</b>	Public Safety	<b>Department</b>	Fire
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**Total Length of Time with organization** 9 Years 1 months

**Total Length of Time in Current Position** 6 Years 4 months

<b>Assigned Hours/Week:: from</b> 0800 t o 0800	<b>Assigned Days/Week</b> 56 Work Week
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**Email:** joshw@gjcity.org

**Work Phone:** 244-1400

### Immediate Supervisor;

### Immediate supervisor reports to:

**Name:** Scott Ferguson

**Name:** Rob Ferguson

**Title:** Captain

**Title:** Battalion Chief

**Work Phone** 244-1400

**Work Phone:** 244-1400

**E-mail:** scottf@gjcity.org

**E-mail:** robf@gjcity.org

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

#### Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
EMT-B	10	years	years
Firefighter 11	4	years	years
Driver Operator Pumper	1	years	years

a. What field (s) should training or degree be in?

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

Firefighter 1  
 Driver operator utility  
 haz-mat operations  
 National Incident Management System 100,200,400,700

# CITY OF GRAND JUNCTION

## JOB ANALYSIS QUESTIONNAIRE

**I. EMPLOYEE BACKGROUND:** In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
--	---

Steve Reynolds, Jim Curtis, Rick McKissen

Sling Herrman, Carl Warren, Jason Whitesides

Troy Angel, Steve Castillo, Jerome Gardner,  
Joshua White, Scott Roahrig, Brian Gies

**Division:** Emergency Operations

**Department:** Fire

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Whitesides	Jason	J
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Firefighter

<b>Division</b>	Emergency Operations	<b>Department</b>	Fire
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**Total Length of Time with organization** 2 Years 2 months

**Total Length of Time in Current Position** 2 Years 2 months

**Assigned Hours/Week;; from** 0800 **t o** 0800 **Assigned Days/Week** 56 hours

**Email:** jasonwh@gjcity.org

**Work Phone:** 244-1400

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Corey Lovern

**Name:** Robert Ferguson

**Title:** Captain

**Title:** Batalion Cheif

**Work Phone** 244-1400

**Work Phone:** 244-1400

**E-mail:** coreyl@gjcity.org

**E-mail:** robfe@gjcity.org



### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): Paramedic Certificate

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

#### Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
EMT BASIC	3	years	years
Wild land firefighting	6	years	years
Associates degree	2	years	years

a. What field (s) should training or degree be in?  
Fire Science or similar field, Emergency Medical Care

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

State of Colorado Emergency Medical Technician - Basic, State of Colorado Fire Fighter II, State of Colorado Driver Operator Utility, State of Colorado Hazardous Materials Operations, National Incident Management 100,200,700,800.



## **II. POSITION INFORMATION**

**1. POSITION SUMMARY:** This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. Usually it is better to write this after you have completed the remainder of the questionnaire. Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position?

Example: Computer Support Technician

Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.

Fire Fighter

Respond to fire and emergency medical calls for service, as well as technical rescue and hazardous materials calls. Perform fire prevention inspections and public education programs. Maintain physical fitness and ongoing training for all aspects of the job.

## 2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

- a. The chart below asks for your specific supervisory responsibilities. If a duty statement applies to you, please check the box under the "Yes" column and then indicate the number of employees for which you are responsible to the right of the statement.

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	3-7
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	

- b. Complete the organization chart below. This chart will help us to understand your job in relation to others in your department. Please use titles and not names. Fill in the applicable position titles: (1) your coworkers, employees you work with and who also report directly to your supervisor; and, (2) your subordinates, any employees you supervise directly. List only those jobs over which you have full managerial/supervisory authority (i.e. complete and sign performance evaluation.) Do not list employees supervised by your subordinate supervisors.

### YOUR COWORKERS' JOB TITLES

Firefighter
Firefighter / Paramedic
Engineer
Captain
Batallion Chief

### YOUR DIRECT REPORTS' JOB TITLES


Please indicate the nature of the group supervised and the number supervised

- ☐ Full Time 3-5     
 ☐ Part-Time     
 ☐ Seasonal/Temp     
 ☐ Volunteer     
 ☐ Contract



c. Describe with whom, or with what departments/organizations, you have regular contact.

**1. Inside your organization (other City Departments):**

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Peers	Daily	Fire and EMS scenes/Training
Grand Junction PD	Daily	EMS/Fire Calls
Dispatch	Daily	Communication purposes
Streets	Daily	Road Closures, clean up after accidents
IS	Weekly	Computer repair and maintenance

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	EMS/Fire Calls/Fire Inspections/Public Education
Hospital	Daily	Patient transfer
Business Owners and their employees	Daily	Fire Inspections/ Public Education
Outside Fire/EMS instructors	Monthly	Fire and EMS training

**3. ESSENTIAL DUTIES.**

The list of essential duties helps us to understand those duties which are the primary reasons why your position exists. For clarification, please refer to the examples provided below.

**Essential Duties:** Those duties that make up at least 5% of your time. Please provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports", but state "prepares reports such as status reports, staff reports", or other type of report(s) you may prepare. Also, please use action verbs such as prepares, calculates, operates, etc., to start off each statement. Do not use acronyms in your description. Examples are shown below. Use additional sheets if needed.

**Decisions Required:** List the decisions you make to carry out the essential duties.

**Frequency:** Indicate how often you perform each duty – D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, or O = occasionally.

**Percent of Time:** Indicate how much of your time you spend on each task. The total of these percentages **should not be more than 100%**. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of **all** duties should equal 100% over a one year period of time.

*Attach additional sheets if necessary.*

**E X A M P L E (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)**

Essential Duties	Decisions Required	Frequency	% of Time
<b>EXAMPLES:</b>			
Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.	Articles to include, editorial changes, graphics, layouts	M	25%
Performs inventory spot checks and monthly counts of supplies in warehouse.	When to check supplies	M	10%

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	EMS for citizens and visitors of Grand Junction	EMS treatment and transportation per Mesa County Protocols	Daily	50
2	Fire Fighting	Fire operations, Rescue Operations, Hazmat Operations, training for aforementioned tasks	Daily	20
3	Public Education	Station tours, Public education presentations	Daily	5
4	Fire Inspections	Conditions relating to 2006 uniform fire code	Weekly	5
5	Medical Supply Ordering	Appropriate ordering	Weekly	.5
6	Station Supply Ordering	Appropriate ordering	Weekly	.5
7	Station Maintenance and Cleaning	Routine	Daily	5
8	Department EMS Education	Skill level appropriate instruction	Weekly	2.5
9	Emergency Equipment Maintenance	Contacting appropriate personnel	Daily	2.5
10	Physical Fitness	Appropriate cardio and strength conditioning	Daily	5
11	Technical Rescue	Appropriate actions for safe performance of task. Ongoing training to maintain proficiency.	Weekly	2
12	Hazardous Materials Response	Appropriate actions for safe performance of task. Ongoing training to maintain proficiency.	Weekly	2
13			Select	
14			Select	



15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 4. REQUIRED KNOWLEDGE AND SKILLS.

This section helps us to understand the types of knowledge and skill you would need to perform your job at the entry level. Those items you list are those required and not what you might necessarily know or are able to do after being in the position for a number of years.

**Knowledge:** refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing.

**Skills:** refers to the proficiency which can be demonstrated and are typically manual in nature and/or can be measured through testing.

The knowledge and skills that you list in the following section must refer to the Essential Duties you listed in Section 3.

Duty #	Knowledge - Skills
1	Emergency Medical Technician - Basic
2	Firefighter II
2	Hazardous Materials Operations
2	Basic Rope Rescue Skills
2	Driver Operator Utility Certification

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): Paramedic Certificate

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

<u>Type of Experience</u>			
<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
	years		years
	years		years
	years		years

a. What field (s) should training or degree be in?  
Fire Science or similar field, Emergency Medical Care

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

State of Colorado Emergency Medical Technician - Basic, State of Colorado Fire Fighter II, State of Colorado Driver Operator Utility, State of Colorado Hazardous Materials Operations, National Incident Management 100,200,700,800.

**4. MACHINES, TOOLS AND EQUIPMENT.** List any machines, tools or equipment used in your work and indicate the frequency and time spent using each. The machines, tools and equipment must refer to the Essential Duties you listed in Section 3.

Duty #	Machines, Tools, Equipment	Frequency/Time
1	Emergency Medical Equipment	40
2	Ladder	5
2	Hand Tools	10
2	Water Tender	5
2	Brush Truck	5
2	Extrication Equipment	5
2	Hazardous Material Equipment	5
1,2,3,5,6,8	Computers	15
1, 2, 11, 12	SCBA	5
1, 2, 11, 12	Fire fighter and hazardous material protective clothing	5

**5. DECISION-MAKING & JUDGMENTS.**

a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.

1. Determination of appropriate medical treatment for patients.

2. Perform safe operation of Fire Department apparatus.

3. Make tactical decisions during fireground or other emergency operations.



## IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

### 1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

#### Frequency

#### Importance

**How frequently is the activity performed?**

**How important is the activity in accomplishing the job's purpose?**

0 – Never

1 – Annually

2 – Quarterly (at least 3 per year)

3 – Monthly (at least 8 per year)

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

0 – Not Important

1 – Somewhat Important

2 – Very Important

3 – Extremely Important

Physical Activity	Frequency	Importance	Duties
<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	5--Daily	3--Extremely Important	1,2
<b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	5--Daily	3--Extremely Important	1,2
<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	3--Extremely Important	1,2
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1,2
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	1,2
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	5--Daily	3--Extremely Important	2
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1,2
<b>Standing:</b> Particularly for sustained periods of time.	4--Weekly	1--Somewhat Important	1,2
<b>Walking:</b> Moving about on foot to accomplish	4--Weekly	3--Extremely Important	



tasks, particularly for long distances.			
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	3--Extremely Important	1,2
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	3--Extremely Important	1,2
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	1,2
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1,2
<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	3--Extremely Important	1,2
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	1,2
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1,2
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	1,2
<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	1,2
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	0--Never	0--Not Important	
<b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the	5--Daily	2--Very Important	1,2,4,5,6,8,11,12,

time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.			
<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.	0--Never	0--Not Important	
<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	1,2
<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	1,2
<b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	1,2



## 2. WORKING CONDITIONS.

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

### ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

## EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed:  Date: 01/07/09

Ken,  
Here is a Firefighter JAQ packet. My comments, listed on this page, have been addressed. Tim

**TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD**

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. Supervisors, please review the entire JAQ for completeness and accuracy. If there are sections that are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments
I.	Need an individual front page information sheet for each person listed on the JAQ.
II.1.	Summary needs to be shortened to 1-3 sentences.
II.3.	I would recommend adding to the listed Fire Fighting essential duty Technical Rescue and Hazmat Response or make one essential duty of Emergency Response and combine essential duties #1 and #2.
II.4.	Duty #2 should be Fire Fighter II instead of Fire Fighter I.
III.4.	Recommend adding breathing apparatus, fire fighter protective clothing and hazmat protective clothing.
IV.1.	Sedentary work is part of the job that occurs daily and is very important when writing reports, completing other paperwork and attending classroom training.




**Please check the appropriate statement:**


☐ I agree with the incumbents' position questionnaire as written.


☒ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

**I have noted the modifications made by my supervisor in the Comments Section above.**

Employee Signature:  Date: 01/07/09

Supervisor Signature:  Date: 1/7/09

Department Head Signature:  Date: 01/07/09

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

